

interChange Provider Important Message

Attention Ophthalmology Providers: Billing Guidance Concerning Off-label Use of Avastin (Bevacizumab)

The Department of Social Services (DSS) is issuing billing guidance to Ophthalmologists using intra-ocular injections of Avastin (off-label) to treat age-related macular degeneration (AMD).

Effective May 1, 2019, Ophthalmology providers who submit claims for Avastin under Healthcare Common Procedure Coding System (HCPCS) J9035 using National Drug Code (NDC) 50242-0060-01 or NDC 50242-0061-01 must correctly report the quantity injected in milliliters (ML) on the NDC Quantity panel on the Secure Web Portal or Loop 2410, Segment CTP04 using 837P electronic claim submission.

Quantities in excess of the off-label threshold of 0.05 ML will deny and post Explanation of Benefits (EOB) 661 "Claim NDC quantity exceeds the maximum quantity defined for HCPCS drug fee."

Additionally, NDC units of measure reported as something other than ML=Milliliter or UN=Unit will deny and post EOB 660 "Unit of measure submitted on the claim is not consistent with the drug unit form."

Reimbursement guidelines for physician administered drugs can be found in Provider Bulletin (PB) 18-10 "*Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids*" and PB 18-78 "*Updating the Reimbursement Rates for Physician Administered Drugs.*"